

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076944

1. Entity Name

THE CASHION GROUP, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90043 028 \*\*\*150.00

Principal Place of Business

955 CHARLES AVE  
SUITE 109  
LONGWOOD FL 32750

Mailing Address

955 CHARLES AVE  
SUITE 109  
LONGWOOD FL 32750-5496

2. Principal Place of Business

175 W. Chapman Rd

Suite, Apt. #, etc.

3. Mailing Address

175 W. Chapman Rd

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

Oviedo FL

4. FEI Number

59-3465284

Applied For

Not Applicable

Zip

32765

Country

Seminole

Zip

32765

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASHION, LARRY W JR.  
955 CHARLES AVE. #109  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME CASHION, LARRY  
STREET ADDRESS 175 WEST CHAPMAN ROAD  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE VP  
NAME CASHION, BARBARA  
STREET ADDRESS 175 WEST CHAPMAN ROAD  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE ST  
NAME CASHION, LINDA  
STREET ADDRESS 175 WEST CHAPMAN ROAD  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Larry W Cashion Jr* 4/1/00 407-365 7667

CR2E034 (9/99)